



## THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN 16 2006

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (RESERVE  
AFFAIRS)

DEPUTY ASSISTANT SECRETARY OF DEFENSE (C&PP)  
SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE  
DIRECTOR OF THE JOINT STAFF  
USCG DIRECTOR OF HEALTH AND SAFETY

SUBJECT: Request for Coordination Concerning Policy Guidance for the Use of Influenza  
Vaccine for the 2006-2007 Influenza Season

The attached draft policy guidance provides the Department of Defense (DoD) guidance for the use of influenza vaccine for the upcoming 2006-2007 influenza season. This guidance outlines the anticipated vaccine delivery schedule and provides prioritization categories for immunization of DoD beneficiaries. The vaccine delivery schedule was obtained from Defense Supply Center Philadelphia.

Seasonal influenza vaccine supplies appear to have stabilized. Four influenza vaccine manufacturers (Sanofi Pasteur, Chiron, GlaxoSmithKline, and MedImmune) estimate delivery of over 100 million doses to the U.S. market for the 2006-2007 influenza season. However, the DoD-contracted supply of injectable vaccine cannot meet DoD needs, and DoD must rely on intranasal vaccine for a substantial portion of its supply.

Request coordination on the draft policy guidance not later than two weeks from the date of this memo. My point of contact is Lieutenant Colonel Wayne Hachey at (703) 575-2669, or [wayne.hachey@ha.osd.mil](mailto:wayne.hachey@ha.osd.mil).

A handwritten signature in black ink, reading "William Winkenwerder, Jr.", is positioned above the printed name.

William Winkenwerder, Jr., MD

Attachment:  
As stated

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MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)  
ASSISTANT SECRETARY OF THE NAVY (M&RA)  
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)  
USCG DIRECTOR OF HEALTH AND SAFETY

SUBJECT: Policy Guidance for the Use of Influenza Vaccine for the 2006-2007 Influenza Season

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) have developed recommendations for the 2006-2007 influenza season. Their recommendations are based solely on clinical and epidemiological risk factors for mortality and morbidity from influenza and do not address military readiness. Surveillance data from the 2005-2006 influenza season compiled by the Army Medical Surveillance Activity suggest a protective advantage of live, attenuated vaccine, compared to inactivated vaccine.

For the 2006-2007 influenza season, the Department of Defense has contracted for a total of 3.5 million doses, which include 2.6 million doses of inactivated (injectable) vaccine and 900,000 doses of live attenuated (intranasal) vaccine. The intranasal vaccine is expected to be available to the Services earlier in fall 2006 than the injectable vaccine.

The Services will reserve injectable vaccine for people in whom the intranasal vaccine is medically contraindicated, or where the intranasal vaccine is unavailable due to temperature constraints during shipping. Services will administer the intranasal vaccine to military personnel without a contraindication, subject to shipping constraints. The intranasal vaccine is also encouraged for other eligible beneficiaries.

Services will utilize the first-available vaccine doses to target high priority groups, including deployed or deploying personnel, critical support staff and high risk groups as listed in the 2006-2007 recommendations of the Advisory Committee on Immunization Practices (to be published in the *Morbidity and Mortality Weekly Report*). Services will note and implement the new recommendations to immunize all health care workers, and to extend the age for general immunization of children to 6 to 59 months of age.

Should an unanticipated shortage occur, further direction regarding priority tiers will be provided, consistent with recommendations published in subsequent issues of the

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*Morbidity and Mortality Weekly Report.* Full-scale immunization campaigns for lower risk groups will begin after reasonable attempts are made to immunize higher priority groups, and when vaccine supplies are adequate. Immunizations should begin as soon as the vaccine is received. Immunization of basic trainees should continue until the expiration date on the vaccine label. Steps to minimize wastage of vaccine are important.

The epidemiology branch of the Air Force Institute for Operational Health (AFIOH) will update the influenza surveillance website <https://gumbo.brooks.af.mil/pestilence/influenza> each week during the influenza season. Results from laboratory surveillance are reported weekly during the influenza season in the DoD Weekly Influenza Surveillance Report, published by the AFIOH.

In addition to this laboratory-based surveillance data, AFIOH will analyze morbidity data from the Electronic Surveillance System for Early Notification of Community-based Epidemics for influenza-like illnesses, and the DoD hospitalization data for influenza and influenza-related hospitalizations, and include this data in the weekly report. Weekly summary and final reports will be coordinated between AFIOH and DOD Global Emerging Infections Surveillance for submission to Health Affairs. The Air Force continues to be the executive agent for laboratory-based influenza surveillance. Sentinel sites are selected based on their location, mission, and training status.

I applaud the many recent efforts of the Services and the Combatant Commands in pandemic influenza preparedness. Please use your seasonal influenza immunization program as an opportunity to test your installation-based processes that might be called on in a pandemic. This should include reaching out to beneficiaries who do not routinely receive seasonal influenza vaccine.

DoD policy requires immunization of all active-duty and reserve personnel against influenza according to Service-specific guidelines. Services will monitor implementation via electronic reporting to the Defense Eligibility Enrollment Reporting System; our goal is 90 percent immunization of military personnel by December 31. The Services are directed to begin implementation of this guidance immediately.

William Winkenwerder, Jr., MD

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cc:

Assistant Secretary of Defense (Reserve Affairs)  
Deputy Director, TRICARE Management Activity  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Director of the Joint Staff  
Defense Supply Center Philadelphia